

## Motorcycle Safety Training Subsidy Funding Application

The Washington Motorcycle Safety Program (WMSP) awards subsidy funding to motorcycle safety training schools to provide training at a reduced rate. The subsidized training is provided to Washington residents at a cost not to exceed \$50 for those under the age of 18 and \$125 for those 18 years or older and military personnel of any age stationed in Washington State.

You can find additional information about subsidy funding and application and award requirements in the Subsidy Funding Policies and Procedures located at **www.dol.wa.gov**.

## To apply for subsidy funding

- 1. Attach a business plan detailing:
  - · Why you are interested in providing subsidized training.
  - How you will promote motorcycle training and advertise your training school to meet your training goals.
  - An outline of your potential class schedule.

NOTE: We will evaluate funding proposals based on the information you submit.

2. Mail this completed form and any required documents to: Motorcycle Safety Program, MS 48111, Department of Licensing, PO Box 9030, Olympia, WA 98507-9030; or scan and email to: motorcycle@dol.wa.gov.

## **Business Information**

Name of business

Administrative office address (Address, City, State, ZIP code)						
Owner name		Area code) Telephone nu	mber Er	nail		
Funding Infor	mation s distributed and awarded within each	of the seven region	one of th	ne state WMSP may	snlit the regional	
	d it to multiple training schools within					
•	tes within the region, but the funding			•	,	
You must submit a separate application and business plan for each region where you are applying for funding.						
☐ Northwest Re ☐ West Central ☐ ☐ Southwest Re ☐ Central Regio ☐ Northeast Re	(Clallam, Jefferson, Kitsap, Mason, Ggion (San Juan, Whatcom, Skagit, Isl Region (King and Pierce Counties) gion (Thurston, Lewis, Cowlitz, Clark (Okanogan, Chelan, Douglas, Kittitgion (Ferry, Stevens, Pend Oreille, Lirgion (Grant, Adams, Whitman, Bento	and, and Snohom , and Skamania C as, Yakima, and K ncoln, and Spokan	ish Cou ounties) ickitat C e Coun	nties) Counties) ties)		
Total amount of t	unding requested: \$					
Type of courses taught	Level of courses taught	Sub reimbur rates by	sement	Number of subsidized students expected to teach	Number of unsubsidized students expected to teach	
2-wheel ☐Yes ☐No	☐ Novice, 18 years or older	\$ .	35.00			
	☐ Novice, under 18 years of age	<u> </u>	210.00			
	Intermediate, 18 years or older		70.00			
	Intermediate, under 18 years of		45.00			
	Advanced, 18 years or older		67.00			
	Advanced, under 18 years of age	· :	42.00			
3-wheel □Yes □ No	Novice, 18 years or older		95.00			
	Novice, under 18 years of age	<u> </u>	270.00			
	Advanced, 18 years or older		95.00			
	Advanced, under 18 years of age	e   \$ '	70.00			
RCW 48.81A.020						
For Department Use Only						

Business plan

☐ Application

Date received

**Training Site Information** – Include information for each training site where you propose to provide subsidized training. Make copies of this page for additional sites.

Classroom Site physical address (Address, City, State, ZIP Code)					
Range Site physical address (Address, City, State, ZIP Code)					
What type of training will be offered at this site	What level of training will be offered at this site	How many students will you train at this site			
☐ 2-Wheel ☐ N/A	☐ Novice ☐ Intermediate ☐ Advanced				
What type of training will be offered at this site  3-Wheel N/A	What level of training will be offered at this site  Novice Advanced	How many students will you train at this site			
Hours of operation	Site restrictions				
Classroom Site physical address (Address, City, State, ZIP Code)					
Range Site physical address (Address, City, State, ZIP Code)					
What type of training will be offered at this site  2-Wheel N/A	What level of training will be offered at this site  Novice Intermediate Advanced	How many students will you train at this site			
What type of training will be offered at this site  3-Wheel  N/A	What level of training will be offered at this site  Novice Advanced	How many students will you train at this site			
Hours of operation	Site restrictions				
Classroom Site physical address (Address, City, State, ZIP Code)					
Range Site physical address (Address, City, State, ZIP Code)					
What type of training will be offered at this site 2-Wheel N/A	What level of training will be offered at this site  ☐ Novice ☐ Intermediate ☐ Advanced	How many students will you train at this site			
What type of training will be offered at this site 3-Wheel N/A	What level of training will be offered at this site  Novice Advanced	How many students will you train at this site			
Hours of operation Site restrictions					
Classroom Site physical address (Address, City, State, ZIP Code)					
Range Site physical address (Address, City, State, ZIP Code)					
What type of training will be offered at this site  ☐ 2-Wheel ☐ N/A	What level of training will be offered at this site  ☐ Novice ☐ Intermediate ☐ Advanced	How many students will you train at this site			
What type of training will be offered at this site  3-Wheel N/A	What level of training will be offered at this site  Novice Advanced	How many students will you train at this site			
Hours of operation Site restrictions					
Classroom Site physical address (Address, City, State, ZIP Code)					
Range Site physical address (Address, City, State, ZIP Code)					
What type of training will be offered at this site  ☐ 2-Wheel ☐ N/A	What level of training will be offered at this site  ☐ Novice ☐ Intermediate ☐ Advanced	How many students will you train at this site			
What type of training will be offered at this site 3-Wheel N/A	What level of training will be offered at this site  Novice Advanced	How many students will you train at this site			
Hours of operation	Site restrictions				
I understand that if awarded subsidy funding, I will be required to abide by all the requirements and procedures as outlined in my Motorcycle Training and Testing Contract, Attachment B, Subsidy Funding and the Subsidy Funding Policy and Procedure. Any misrepresentation or concealed material facts will be sufficient cause for denial or rescission of subsidy funding.					
X					
Date signed Signature of applicant					